## Late Contribution Report

## Type or print in ink. Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NO ON PROP 21: CALIFORNIANS FOR RESPONSIBLE HOUSING, A COALITION OF SENIORS, VETERANS, AFFORDABLE HOUSING ADVOCATES, LABOR & SOCIAL JUSTICE  AREA CODE/PHONE NUMBER (415)389-6800  STREET ADDRESS  CITY STATE CITY STATE CIP CODE SAN RAFAEL  CA 94901		Date of This Filing	08/27/2020 LCR # 1795	Date Stamp	CALIFORNIA FORM 497  For Official Use Only			
					nt	Page 1 of 2		
Late Contribu	ution(s) Received							
DATE RECEIVED	FULL NAM	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTION (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		JTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)		AMOUNT RECEIVED
08/26/2020	NORTHPOINT INVESTO San Francisco, CA 94103	DRS			□ IND □ COM ■ OTH □ PTY □ SCC □ IND □ COM □ OTH □ PTY □ SCC □ IND □ COM □ OTH □ PTY □ SCC			\$60,000.00
*Contributor Codes IND - Individual COM - Recipient C OTH - Other	ommittee (other than PTY o	PTY - Politi r SCC) SCC - Sma	cal Party Il Contributor Committee					

Reason for Amendment:

FPPC Form 497(June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

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AREA CODE/PHONE NUMBER (415)389-6800	I.D. NUMBER (if applicable) 1421884	Report No. LCR # 1795		For Official Use Only
STREET ADDRESS		Amendment to Report No.	Page 2 of 2	
CITY SAN RAFAEL	STATE ZIP CODE CA 94901	(explain below)  No. of Pages2		
Late Contribution(s) Mad	de			

FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
		FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)  CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT OR MEASURE AND JURISDICTION  CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION  AMOUNT OF CONTRIBUTION

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